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The evidence needed to make surgery a global health priority

In their policy analysis, Yusra Ribhi Shawar and colleagues (August, 2015)¹ outline the complex responses needed to make surgery a global health priority, highlighting as a major challenge that “consensus needs to be reached on solutions”. Professional interests might have forestalled consensus on the need to train and supervise non-surgeons to deliver surgical services in places where surgeons cannot be retained.² However, sceptics are right to call, and donors to wait, for evidence on the feasibility, safety, cost-effectiveness, and outcomes of such models.

Clinical Officer Surgical Training in Africa (COST-Africa), a cluster randomised controlled trial funded by the European Community under its Framework Programme, has been training clinical officers to undertake essential elective and emergency surgery at district hospitals in Malawi and Zambia. It is implementing a complex intervention, embedded in these countries’ health systems, which combines training, supervision, and quality assurance systems. It has extended the focus from caesarean sections to training clinical officers to undertake a broader range of procedures including hernia and hydrocele repairs.³

COST-Africa aims to publish the study design and protocols in late 2015, followed by the results of the Malawi trial. Research papers, some using explanatory mixed methods, will provide evidence on the cost-effectiveness, feasibility, health systems obstacles, and enablers; and lessons for rolling out a quality-assured, district-level safe-surgery service model in low-income countries. Such is the evidence needed for positioning surgery as a public health problem and for mobilising national and global policy support

and resources for tackling this global health priority.

We declare no competing interests.

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- 1 Shawar YR, Shiffman J, Spiegel DA. Generation of political priority for global surgery: a qualitative policy analysis. *Lancet Glob Health* 2015; **3**: e487–95.
- 2 Hoyler M, Hagander L, Gillies R, et al. Surgical care by non-surgeons in low-income and middle-income countries: a systematic review. *Lancet* 2015; **385**: S42.
- 3 Wilson A, Lissauer D, Thangaratinam S, et al. A comparison of clinical officers with medical doctors on outcomes of caesarean sections in the developing world: a meta-analysis of controlled studies. *BMJ* 2011; **342**: d2600.

For more on COST-Africa see
<http://www.costafrica.eu/>